Recapturing Network Prescriptions: Implementation of ED Discharge Pharmacy Services

Introduction:

The 633 MDG maintains a full-service, 65-bed hospital providing inpatient, outpatient and emergency care. Prior to hospital expansion, the Emergency Department (ED) utilized a point-of-care medication-dispensing machine to provide after-hours pharmacy support. A 92-item formulary was maintained by pharmacy personnel. However, a cumbersome 10-step process deterred most staff from utilizing the machine. Monthly usage declined from 440 prescriptions to zero over a nine month time period. Alternatively, paper prescriptions were written and taken to TRICARE Retail Network pharmacies for processing.

This process of writing paper prescriptions versus utilizing the Composite Health Care System (CHCS) for processing medication orders bypassed the automated screening of patients against known drug interactions and allergies prior to sending patients to the TRICARE Retail Network. In addition, there is a known increased cost to the DoD as a result of patients using the TRICARE Retail Network.

Our objective was to offer quick, convenient, and cost-saving pharmacy services to ED patrons, with minimal impact to staff workload. Concurrent expansion to 24-hour inpatient pharmacy operations allowed for around-the-clock support of hospital services as well as support of ED discharge pharmacy services. A goal was set for turn-around time of 30 minutes or less for the patient to receive medications following ED discharge.

Methods:

A separate ED discharge pharmacy site was created in CHCS. These drugs required separate entry into CHCS to distinguish ED discharge medications from those on the regular formulary. Medications are selected by provider utilizing prefix “DC-“. A formulary of 147 medications was then designed, utilizing the baseline formulary from the previous point-of-care plan. In addition, we solicited input from providers and increased the quantity of acute care medications. Pre-set quantities were utilized for 100% of the items on formulary to expedite the dispensing process and minimize errors. All of these medications are ordered or pre-packed by the pharmacy in the designated quantities.

It was imperative to provide support for staff, so we ensured Inpatient Pharmacy was adequately manned based on the anticipated volume. This was supported with the recently expanded 24-hour staffing model. We trained ED providers one-on-one to utilize proper after-hours procedures. We also posted instructions and a printed formulary in the ED.

After prescriptions are entered into the ED discharge pharmacy site in CHCS, we elected to auto-batch prescriptions and personally deliver them to patients every 30 minutes in the ED waiting area. A computer sign-in system was established to further increase efficiency by notifying pharmacy personnel when the patient was in the ED waiting area.

Cost savings analysis was determined by canvassing all beneficiaries enrolled at our MTF. We compared the average cost per prescription at MTF versus Retail, as obtained from the DoD Pharmacoeconomic Center.

Patient satisfaction was obtained by distributing a locally developed survey at two separate time intervals. The first was given to all willing patients during one month at the initiation of services, and then again during a month-long period one year after implementation. Questions encompassed, on a scale 1 to 5 value, friendliness, timeliness, and overall quality.

Results:

The catchment area included all patrons enrolled to Langley MTF. The average prescription service utilization includes 7,163 users per month (17,961 prescriptions) at the MTF and 2,446 users per month (4,902 prescriptions) in the TRICARE Retail Network. Approximately 2,000 prescriptions per month were filled by the ED discharge prescription service. Our findings demonstrate an average of $44 savings per RX by filling at the MTF versus Retail. Projected cost savings were calculated by number of prescriptions filled at ED Discharge Pharmacy times the average savings per prescription, estimating $1.06 million in savings annually. Patient satisfaction remained high during the implementation of this service. On average, patients rated various aspects of satisfaction 4.4 to 4.7 on a scale of 1 to 5.

Conclusion:

This process was implemented, with no additional resources, in a 24-hour Inpatient Pharmacy that was geographically separated from the patient. Approximately 2,000 prescriptions per month were recaptured from the civilian sector, saving the Department of Defense (DoD) an estimated $1.06 million annually. DoD beneficiaries utilizing the 633 MDG Emergency Department have realized a 72% increase in access to pharmacy services since implementation of this process. Automated screening for drug interactions and allergies improved patient safety, and overall patient satisfaction was high with faster prescription access and cost-savings for both the patient and DoD.

This well-managed and efficient process ensures the program's sustainability, and MTFs with similar scopes of care may wish to consider adding this service. Even MTFs without 24-hour pharmacy services but with an active Emergency Department, may find this initiative useful to improve access to pharmacy services, increase patient and provider satisfaction, improve safety and to recapture workload currently being lost to the Retail Network.